ACTIVITY RECORD F[...]

KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

Name: ---

UHID No : --------------- I[...] [...]ultant : ------------------------- Dept : -----------------

Date of Admission : ---------------- Time : -------------- Date of Discharge : ----------------- Time: -----------

Room / Bed No : --------------- Ward : ----------------- Suggested Billable bed type : -------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/26	2.40pm	ER	409	[signature] Sushma [illegible]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/6/26	CBP, CRP, S/E,	26007816	[signature]
6/6/26	Blood c/s, Urea	26007816	
6/6/26	GRBS → 67 mg/dl	26007817	[signature]
	In ER cross check done by Ujjwal @ 6/6/26		
	Re-checked Done by - Sadhna	7/6/26 @ 11 Am	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/6/26	Infusion Pump	2pm	7/6/26 7 AM	943626	[signature]
	Cross Checked Done By- Sushma 7/6/26 @ 11 AM				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/26	IV cannulation	1	943625	[signature]
	In ER cross check done by Ujjwal @ 6/6/26			
6/6/26	N.H.A	1	943704	[signature]
	cross checked Done By - sushma			7/6/26 @ 11 Am

ANY OTHER INFORMATION OP file given to parents

[signature]

Date : 6/6/26 Time : 1.30 pm Prepared By : Ujjwal

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
check by Ujjwal @ 6/6/26	D/R 409 Sushma		

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

Patient Name : LOCHAN

Patient ID# :

Consultant :

Final Diagnosis :

KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

& Physical Examination

Name : ______ Age/Sex ______

Informant ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

c/o fever since yesterday
vomitings "
cm today
↓ intake / dull activity

History of present illness :

→ fever since yesterday
~100 - 101°F

→ vomitings since yesterday
NB / NP

→ cm since yesterday

↓ intake.
dull activity

→ No H/o travelling / no H/o
similar c/o in family.

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

—

Birth & Neonatal History :

T| C|AB | No NICU stay

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

as per age

Immunization History :

as per schedule

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) ______ (Centile ______) Height (cm) : ______ (Centile ______)

Weight (kgs) 11.6 kg (Centile ______)

On Examination :

Temperature : 98.8°F Pulse Rate: 124bpm Description ______

B.P. 100/72 (83) SPO2 98%. at RA

Resp. rate and type of breathing : 24/min.

______

Rash —

Lymphadenopathy —

Oedema : —

Respiratory system :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+).

Any addes sounds : ______

Relevant data from outside (Chest X-Ray, ABG, etc.,) ______

______

______

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : $S_1 S_2$ (+)

Any murmur : ______

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) ______

______

______

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : ______

Spine: ______ External Genitelia : ______

Relevant data from outside (CT, USG etc.,) ______

______

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : ____________________

Cranial Nerves : ____________________

____

____

Motor System :

Nutrition : ____________________

Tone : ____________________ Power ____________________

Co-ordinator : ____________________

Posture : ____________________

Involuntary Movements : ____________________

(N)

Reflexes :

DTR **Superficials :**

Plantars ____________________

Sensory System :

____

____

____

Bladder / Bowel : ____________________

Clinical Summary & Diagnostic :

Acute GE c̄ some dehydration.

____

____

____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

complications.

Desired goals of the treatment :

H. stability

Planned Labs :

CBP, CRP ✓

Blood C/S ✓

SLE ✓

✓ RBS – 67mg/dl

B. urea ✓

Noted by Ujjwal @ 6/6/26

Planned Management :

1) NG BOLUS

2) IVF

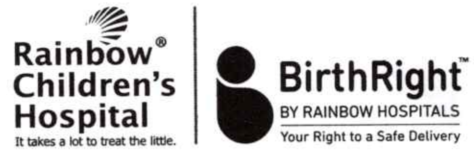
3) ECONORM

4) Zimonia.

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital :
   (Including the name of City)
3. Contact number of the Referring Doctor :
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team Dr. Kiranmayi on whose name the patient is being referred

Doctor's Signature Name Dr. [illegible] Date Time



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Kiranmayi	
6/6/2026 4.00 PM	A: AGE with some dehydration	
	accepting orally as small feeds	
		Adv.
	urine done once	
	CRT [illegible]	o Encourage orally
	O/E - well perfused	o continue IV fluids
	P/A - soft	@ 62ml/hr
	non tender.	
	CVS, CNS, Lung /NAD	
	Dr Kiranmayi (signature)	
	Noted by - Sushma 7/6/26 @ 4pm	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Kiranmay	
7/6/2026 10AM		
	Δ: AGE with some dehydration	
	loose stools ↓ed	
	accepting orally	
	O/E - stable	Adv
	P/A - soft	D/C today
		Entrogermina - 1 - x 3 days
		Syp - Zinconia 5ml O.D x 10 days
	[signature] Dr Kiranmay	- Electral SOS
		F/U wednesday
Noted by Chandmani @ 10Am 7/6/26		

Docu. No. : RCH /FRM / CLINICAL / 088

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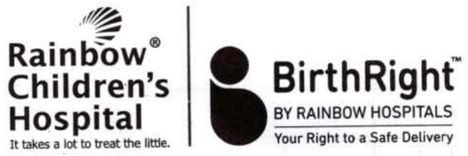
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI



RESULT SHEET

Date	6/6/26					
Time	@ 2:06pm					
Hb	13.2					
PCV	38.1					
RBC	5.15					
WBC	7.11					
N/L						
Platelets	250					
CRP	28					
ESR						
PCT						
RBS						
Na	134					
K	4.7					
Cl	99					
Ca/Mg						
Phosphate						
Urea	31.9					
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 6/6/26 @ 2.11pm Blood c/s

Radiology :

USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 409

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature]

Date & Time : 6/6/26 @ 1.30pm

Nurse Name & Signature: Ujjwal @ [signature]

Date & Time : 6/6/26 @ 1.30pm

Docu. No. : RCH / FRM / GENERAL / 090

KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

DRUG CHART

Date of Admission: 6/6 Drug Allergies: — ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : SYP. CROCIN - DS				Date ▸ Time ▾	6/6
Dose	Route	Frequency	Start Date		6/6 20
3.5 ml	oral	SOS	6/6		
Doctor's Signature	Valid Period	Pharm.			
Bmf					
Additional Instructions: T > 100°F max 6th hrly					

DRUG : SYP. IBUGESIC				Date ▸ Time ▾	
Dose	Route	Frequency	Start Date		
5ml	oral	SOS	6/6		
Doctor's Signature	Valid Period	Pharm.			
Bmf					
Additional Instructions: T > 102°F max 8th hrly.					

DRUG :				Date ▸ Time ▾	
Dose	Route	Frequency	Start Date		
Doctor's Signature	Valid Period	Pharm.			
Additional Instructions:					

VERIFIED BY : Name .... Signature ....

KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

REGULAR PRESCRIPTIONS

Weight. 11.6 Ward. 5th

DRUG: INJ. PANTOPRAZOLE				Date/Time	6/6	7/6
Dose	Route	Frequency	Start Date			
10 mg	IV	OD	6/06			
Name & Signature of the Doctor Starting the Drugs: Bhag				2pm	2pm	OD Anitha Pooja
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: ECONORM sachet				Date/Time	6/6	7/6
Dose	Route	Frequency	Start Date			
1 sachet	oral	BD	6/06	9am		Chandrakala Seema
Name & Signature of the Doctor Starting the Drugs: Bhag						
Additional Instructions:				9pm	4pm Sandhya	
Daily Doctor's Endorsement by a Sign						

DRUG: SYP. ZINCONIA				Date/Time	6/6	7/6
Dose	Route	Frequency	Start Date			
5ml	oral	OD	6/06			
Name & Signature of the Doctor Starting the Drugs: Bhag				4pm	Sandhya Sachna	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG:				Date/Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

Weight. 11.6 Ward. 4th

VARIABLE DOSE	Date ► / Time ▼		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date ► / Time ▼		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/6.	2PM	NS Bolus	20ml/kg	IV over 1hr	[signature]	[signature]

VERIFIED BY: Name .... Signature ....

KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

I.V. FLUIDS CHART

Weight. 11.6 Ward. 4th

		...osition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/06	2pm.	IVF - DNS (FM)	IV	42	[signature]	[signature]	6/c	[signature]	
6/6/26	8pm	IVF - DNS	IV	62	[signature]	Anitha	2/c	[signature]	

VERIFIED BY : Name .... Signature ....

Patient Sticker Mayur Mirchala
2Y8m

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 6/6/26 Time: 5pm

Weight: 11.6 Centile: <3rd Centile

Height: - Centile: -

Inference: Nourished

RDA: .... Calories: 1200 Cals/day Protein: 20gm/day

Diet Recommendations: Soft diet

Re-Assesment: ....

Food Allergies: .... ~~Veg~~/Non-veg ....

Diagnosis: AGE c̄ some dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (BOYS)

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

Dietician's Name Lakshmi

Dietician's Signature [signature]

Docu. No. : RCH / FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate	
Neonate(<28days)	100-205	90-160	
Infant (1 month-1yr)	100-180	90-160	
Toddler (1-2yr)	98-140	80-120	
Preschool (3-5 yr)	80-120	65-100	
School -age (6-11yr)	75-118	58-90	
Adolescent (12-15yr)	60-100	50-90	

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

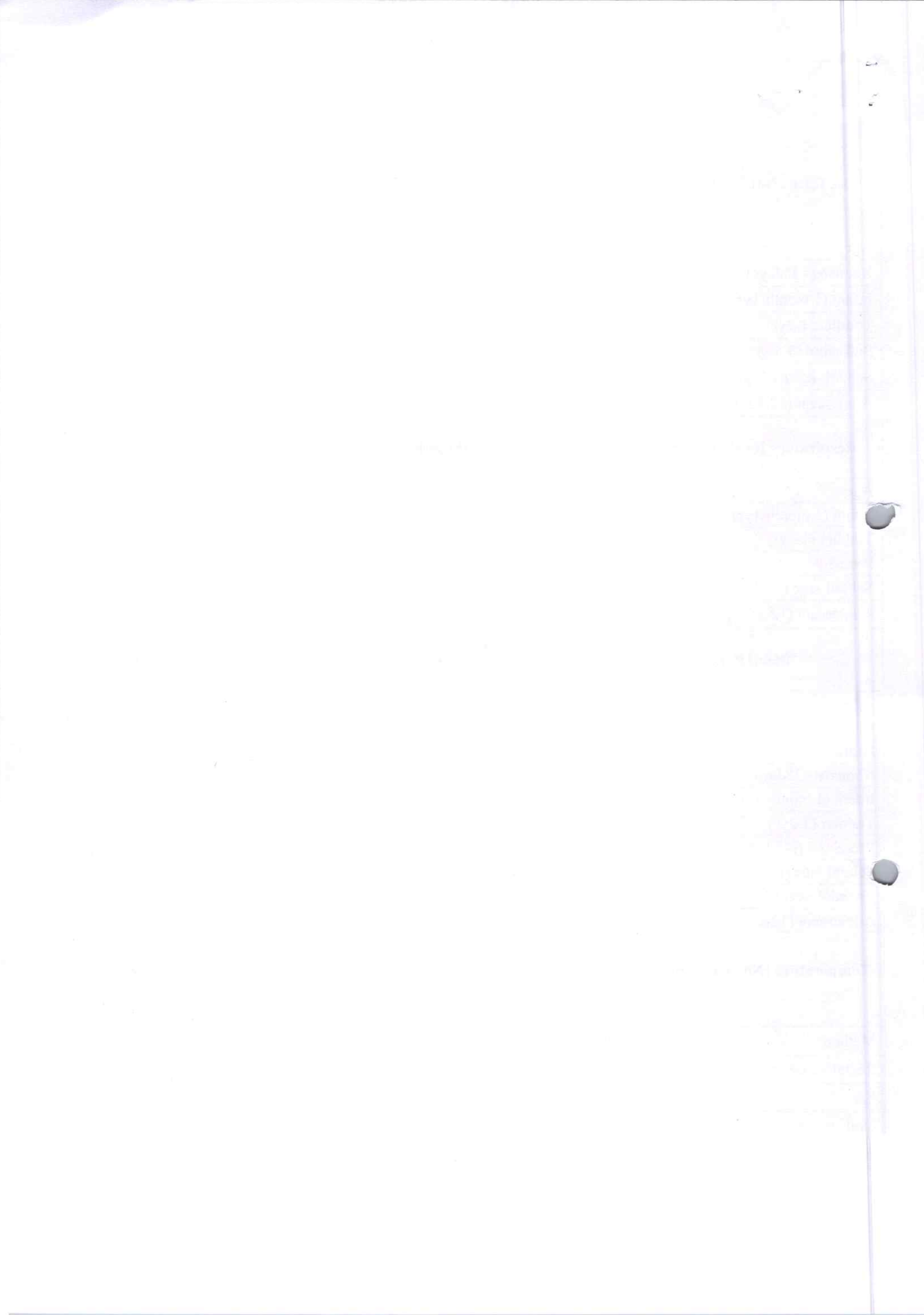
Age	Normal Respiratory Rate		
Infant (1 month-1yr)	30-53		
Toddler (1-2yr)	22-37		
Preschool (3-5 yr)	20-28		
School -age (6-11yr)	18-25		
Adolescent (12-15yr)	12-20		

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (^{0}C)	Normal Range (^{0}F)
Rectal	36.6-38	97.8-100.4 ^{0}F
Ear	35.8-38	96.4-100.4 ^{0}F
Oral	35.5-37.5	95.9-99.5 ^{0}F
Axillary	36.5-37.5	97.7-99.5 ^{0}F



KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

H/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/6/26 Time: 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7

Doctor / Nurse / Family Concern?

Temperature (ºF): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

Parameter	1	4	6	7	8	10	3	5
Temperature (ºF)	98.8	100.2°F	99.6°F	101.4°F	100.4°F	98.1°F	97.6°F	97.9°F
Blood Pressure (mmHg)	100/72		117/58			117/71		115/58
Heart Rate (Number)	124		131			124		120
Resp Rate (Number)	26		27			27		27
Resp Distress (Mod/Severe, None/Mild)	RA		RA			RA		RA
Receiving O_2 (l/min) / O_2 Saturations (%)	100%		99%			100%		100%
Conscious Level (Normal / Altered)								
GCS *	15/15		15/15			15/15		15/15
TOTAL SCORE (Number of shaded boxes)			0			0		0
Pain Score			0			0		0
Observer's Initials								

Syp. Crocin given

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EWS / 02

Patient Name: Master LOCHAN MAYUR MINCHALA (M)
KOH-00302868 IP2-00056483
02-10-2023 2 Y 8 M 4 D
Dr. DR.M KIRANMAYI

Date of Birth:

EARLY WARNING SCORE: CHILDREN'S

Date: 7/6/26

Time: 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7

Doctor / Nurse / Family Concern?

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

- 9: 99.0 F
- 11: 98.0 F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

NOTE: BP does not score in early warning scoring

Heart Rate (number)

Resp Rate (bpm) (over 1 minute): 70, 60, 50, 40, 30, 20, 10

Resp Rate (number)

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%)

Conscious Normal Level Decreased

GCS *

TOTAL SCORE Number of shaded boxes

Observer's initials

ACTIONS		
	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CIN: L85110TG1998PLC029914

KOH-00302868 IP2-00056483
Master LOCHAN MAYUR MINCHALA
02-10-2023 2 Y 8 M 4 D (M)
Dr. DR.M KIRANMAYI

FLUID CHART

Sheet No. : 1 6/6/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am					NA						
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm	D		42ml								
	05:00 pm	N	H2O	42ml							0	
	06:00 pm	S		42ml						✓	0	
	07:00 pm			42ml							0	
Total Intake : H2O, DNS - 168ml						Total Output : U - 1 M-0 V-0						
	08:00 pm			62ml								
	09:00 pm	D	idly	62ml							0	
	10:00 pm		+	62ml						✓	0	
	11:00 pm	N	butter	62ml							0	
	12:00 am	S	milk	62ml							0	
	01:00 am			62ml						✓	0	
Total Intake : idly + buttermilk DNS - 372ml						Total Output : U - 2 M-0 V-0						
	02:00 am			62ml						✓	0	
	03:00 am	D		62ml							0	
	04:00 am	N		62ml							0	
	05:00 am		H2O	62ml							0	
	06:00 am	S		62ml							0	
	07:00 am										0	
Total Intake : H2O - DNS - 310ml						Total Output : U - 1 M-0 V-0						

Total 24 hrs. Intake	idly + buttermilk + H2O - DNS - 850ml	Total 24 hrs. Output	U-4 M-0 - V-0